Louisville Metro Planning & Design Services SUBMITTAL REQUIREMENTS COMMUNITY FACILITY REVIEW

JERRY E. ABRAMSON MAYOR

CHARLES C. CASH, JR., DIRECTOR

All Submittals Must Be Submitted In Person To The Customer Service Counter

Applicant PDS ONLY			
must	leted "Community Facility Review Application". The application have a signature from an authorized representative of the agency sting the application.		
2. Develo	opment Information (DI) Sheet.		
3. Twelve	e (12) copies of the Development Plan.		
All plans must show the fol	llowing minimum information or the submittal can't be accepted.		
Plan drawn to engineer's scale	Property lines with dimensions (new lots shall show bearings)		
North arrow shown.	Contour Lines shown on plan (relevant for new construction only)		
Vicinity map shown.	Existing and/or proposed structures shown and identified		
Site Address	Gross building footprint area		
Tax Block and Lot Number	Gross Floor Area of Buildings		
Zoning of property	Location, ownership, Deed Book & Page # of adjacent property owners		
Zoning of adjacent properties	Net and Gross acreage of site		
Existing Use	If residential, provide net & gross density, and number of dwelling units		
Proposed Use	Off-street loading areas		
Street names shown	Accessory structures shown with required screening		
Right-of-way width shown	ILA / VUA calculations (may be shown on tree canopy plan)		
Height of structures	Landscape buffer areas (labeled and dimensioned)		
Plan Date	Form District and Form District boundaries if nearby		
Revision Date Box	Form District transition zone shown if required by regulation		
Owner's name and address			
4. A detai	iled letter of explanation for the proposed development.		

Louisville Metro Planning & Design Services 444 South Fifth St. Louisville, KY 40202

502-574-6230

Fax 502-574-8129

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5. No fee is required for a typical CFR6. If Planning Commission action is required, the following items are required:a. Adjacent Property Owners names and addresses on mailing labelsb. Label matrix of adjacent property owners (APO List).				
For Staff Use Only				
Date:	Staff:	Docket #:		
Do not accept application if red	quired materials are 1	not submitted		
7. If the above information under DOCKET PRE		submitted, complete the log in the Dockets book		
8. Indicate the docket number, date, and type of case, project address, and the intake staff.				
**	_	et them know whether the case will be approved at and when the hearing will occur.		
10. Stamp the date receiv	ed on each page of all	materials submitted.		
11. Write the docket numb	er in RED in the lower	er right hand corner of each page.		
12. Put all material in a ma	unila file folder and put	at in the In-Coming Application Tray.		

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